



**APPLICATION FOR A  
LICENSED DAY CARE HOME OR LICENSED GROUP DAY CARE HOME**

**Good beginnings last a lifetime.** The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a child care facility and 2) affirming that you have read and agree to comply with all laws and regulations for a licensed day care home or licensed group day care home.

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**SECTION I: INTENT OF THE APPLICANT/OWNER. Complete one of the following three boxes below.**

**NEW APPLICATION**

\_\_\_\_\_ This application is for a new licensed day care home or licensed group day care home that does not exist, or that does currently exist, but we are

\_\_\_\_\_ moving to a new location effective \_\_\_\_\_ (MM/DD/YYYY).

\_\_\_\_\_ changing ownership

\_\_\_\_\_ changing our program type (for example from a registered family day care home to a licensed day care home)

I am applying for the following type of facility:

\_\_\_\_\_ Licensed Day Care Home \_\_\_\_\_ Licensed Group Day Care Home

**RENEWAL APPLICATION**

\_\_\_\_\_ This application is notification to renew the existing license for another year.

**NOTIFICATION OF CLOSURE**

\_\_\_\_\_ This is a notification that I/we no longer provide child care services. Close the licensed day care home or group day care home effective \_\_\_\_\_ (MM/DD/YYYY).

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**SECTION II: COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

Legal Name of the Applicant to be stated (or as stated) on the license.

License # (if renewing)

If you have a business name for the Licensed Day Care Home (LDCH) or Group Day Care Home (GDCH) other than your own name, you may print that name here.

Physical Address of the LDCH/GDCH: Street Address

City

Zip Code + 4

|        |                         |                       |               |
|--------|-------------------------|-----------------------|---------------|
| County | Phone Number<br>(     ) | Fax Number<br>(     ) | Email Address |
|--------|-------------------------|-----------------------|---------------|

|  |      |              |
|--|------|--------------|
| If the Mailing Address of the LDCH/GDCH is different, please complete this section: Street Address | City | Zip Code + 4 |
|--|------|--------------|

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**SECTION III:     LEGAL OWNER/OPERATOR INFORMATION.**

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| <p>The Legal Owner/Operator is a (check ONE of the following):</p> <p><input type="checkbox"/> individual, partnership or association of individuals that is (are) not incorporated.</p> <p><input type="checkbox"/> corporation.</p> <p><input type="checkbox"/> government agency, including school districts.</p> <p><input type="checkbox"/> other (please describe) _____</p> |
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**COMPLETE ALL INFORMATION REQUESTED IF OWNER IS A PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY OR OTHER.**

|                                  |
|----------------------------------|
| Name of the Legal Owner/Operator |
|----------------------------------|

|  |      |              |
|--|------|--------------|
| Physical Address of the Owner/Operator: Street Address | City | Zip Code + 4 |
|--|------|--------------|

|        |                         |                       |               |
|--------|-------------------------|-----------------------|---------------|
| County | Phone Number<br>(     ) | Fax Number<br>(     ) | Email Address |
|--------|-------------------------|-----------------------|---------------|

|   |      |              |
|---|------|--------------|
| Mailing Address of the Owner/Operator: Street Address | City | Zip Code + 4 |
|---|------|--------------|

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**SECTION IV:     FACILITY OPERATION INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

☐ Yes ☐ No    Do you have or intend to have a Provider Agreement with the Department of Social and Rehabilitation Services (SRS)?

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

☐ All Year (Jan through Dec)    ☐ Summer Only (June through Aug)    ☐ School Year Only (Sept through May)

|        |         |           |          |        |          |        |
|--------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|

☐ All Year (Jan through Dec)    ☐ Summer Only (June through Aug)    ☐ School Year Only (Sept through May)

|        |         |           |          |        |          |        |
|--------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|

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**SECTION V: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

\_\_\_\_\_ Yes \_\_\_\_\_ No I/we have had a certificate or license for a child care facility or school age program in the past and the facility is closed. If you answered Yes to this question, complete the following information:

Name on the previous license or certificate: \_\_\_\_\_

License/Certificate Number \_\_\_\_\_

Address on the previous license or certificate: \_\_\_\_\_

Year(s) of operation: \_\_\_\_\_

I/we have attended an orientation session with my/our local child care facility surveyor.

Date of orientation session: \_\_\_\_\_

|  |                                 |
|--|---------------------------------|
| <b>Signature of the Child Care Facility Surveyor</b> | <b>Date Signed (MM/DD/YYYY)</b> |
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**SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.**

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We understand that a **new** application may take up to **90 days for processing** by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

|                              |                          |
|------------------------------|--------------------------|
| <b>Authorized Signature:</b> | <b>Date (MM/DD/YYYY)</b> |
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|--|--------------------------|
| <b>Authorized Signature, if more than one person</b> | <b>Date (MM/DD/YYYY)</b> |
|--|--------------------------|

**IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Credit Card Information - **DISCOVER CARD ONLY**

Discover Card Account # \_\_\_\_\_ (Please print clearly) Expiration Date \_\_\_\_\_

Amount of the state license or registration fee \$ \_\_\_\_\_

Signature as it is written on the Card \_\_\_\_\_

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your child care facility in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a child care facility.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.

**SECTION VII: MAILING INSTRUCTIONS.** Return the completed and signed application along with the documents listed in one of the three boxes below, as applicable. Follow the mailing instructions provided.

#### **NEW APPLICATION**

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. Fire Life Safety Agreement - Completed and Signed.
4. State License Fee: \$15.00 payable to the Kansas Department of Health and Environment or complete credit card information.
5. Local Fee, if required by the local child care facility surveyor.

**SEND THE ABOVE INFORMATION TO THE LOCAL CHILD CARE FACILITY SURVEYOR. IF YOU DO NOT HAVE THE ADDRESS OF THE LOCAL CHILD CARE FACILITY SURVEYOR, CONTACT KDHE AT 785-296-1270 TO OBTAIN THE INFORMATION OR CHECK THE KDHE WEBSITE AT [www.kdhe.state.ks.us/kidsnet/](http://www.kdhe.state.ks.us/kidsnet/).**

#### **RENEWAL APPLICATION**

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. State License Fee: \$15.00 payable to the Kansas Department of Health and Environment or complete credit card information.

**SEND THE ABOVE TO: Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**

**If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. Do NOT send the local fee to KDHE with the renewal application.**

#### **NOTIFICATION OF CLOSURE**

**Return the completed and signed application to the Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**